



BOARD OF COMMISSIONERS

1 S. Main St., 9th Floor
Mount Clemens, Michigan 48043
586-469-5125 FAX 586-469-5993
macombcountymi.gov/boardofcommissioners

ADMINISTRATIVE SERVICES COMMITTEE

WEDNESDAY, APRIL 22, 2009

AGENDA

1. Call to Order
2. Pledge of Allegiance
3. Adoption of Agenda
4. Approval of Minutes dated March 18, 2009 (previously distributed)
5. Public Participation
6. Acceptance of Remonumentation Program Grant Funds and Authorize Inclusion in the County Remonumentation Budget (mailed)
**REMOVED FROM AGENDA*
7. Approve Release of RFP for Property and Casualty Insurance Agent(s) of Record (mailed)
8. Adopt Resolution Commending James and Ann Nicholson for their Philanthropic Gift to Macomb County (offered by Vosburg)
9. New Business
10. Public Participation
11. Adjournment

MEMBERS: Vosburg-Chair, Sauger-Vice-Chair, Brown, J. Flynn, Mijac, Szczepanski, Camphous-Peterson, Accavitti, Lampar and Gielegem (ex-officio)

MACOMB COUNTY BOARD OF COMMISSIONERS

Andrey Duzyj - District 1
Marvin E. Sauger - District 2
Phillip A. DiMaria - District 3
Toni Mocerri - District 4
Susan L. Doherty - District 5

Sue Rocca - District 7
David Flynn - District 8
Robert Mijac - District 9
Ken Lampar - District 10
Ed Szczepanski - District 11

James L. Carabelli - District 12
Don Brown - District 13
Brian Brdak - District 14
Keith Rengert - District 15
Carey Torrice - District 16

Paul Gielegem
District 19
Chairman

Ed Bruley - District 17
Dana Camphous-Peterson - District 18
Irene M. Kepler - District 21
Frank Accavitti Jr. - District 22

Kathy Tocco
District 20
Vice Chair

Joan Flynn
District 6
Sergeant-At-Arms

William A. Crouchman - District 23
Michael A. Boyle - District 24
Kathy D. Vosburg - District 25
Jeffery S. Sprys - District 26

** REMOVED FROM
AGENDA*

RESOLUTION NO.: _____

FULL BOARD MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO:

Accept \$261,661.00 in Remonumentation Grant Funds, Grant Year 2009, provided by the State of Michigan, Office of Land Survey & Remonumentation.

Authorize its inclusion in the Macomb County Remonumentation budget.

File the Status Report detailing the work completed through the Macomb County Remonumentation Program from 1993-2008.

INTRODUCED BY:

Commissioner Kathy Vosburg, committee chair
Members of the Administrative Services Committee

COMMITTEE MEETING DATE

April 22, 2009



Carmella Sabaugh

Todd Schmitz
Deputy Clerk

Macomb County
Clerk/Register of Deeds

Betty A. Oleksik
Deputy Register of Deeds

REMONUMENTATION PROGRAM
MARTIN C. DUNN, SURVEYOR REPRESENTATIVE
OFFICE: 586-469-7916 ♦ CELLULAR: 810-217-7275

DATE: April 10, 2009

TO: Commissioner Kathy Vosburg, committee chair
Members of the Administrative Services Committee

FROM: Carmella Sabaugh, Macomb County Clerk/Register of Deeds

SUBJECT: Status Report of Macomb County Remonumentation Program
Acceptance of 2009 Grant Funds for Remonumentation Program
Inclusion of 2009 Grant Funds in Remonumentation Budget

REMONUMENTATION BACKGROUND

On September 24, 1992, the Macomb County Board of Commissioners approved the Macomb County Remonumentation Plan and embarked on a program of replacing, restoring and maintaining all public land survey monuments in the County. These monuments are used by Land Surveyors to determine property line boundaries, road alignments, subdivision layouts, as well as, the location of commercial and industrial property. The Board also named the Deputy Register of Deeds as the Remonumentation Grant Administrator, and appointed Professional Surveyor, Mr. Frank DeDecker as Macomb County Representative for the Remonumentation program. Mr. DeDecker served as Representative from the inception of the program until 1994. Appointed subsequently was Professional Surveyor, Mr. William E. Soderberg. Mr. Soderberg served as the County Representative through April of 2003. On May 15, 2003, Professional Surveyor, Martin C. Dunn began serving as the County Representative for the Remonumentation program. The State of Michigan provides 100 percent of the funding for the program.

When the Macomb County Board of Commissioners met September 23, 1993, they approved the procedure for awarding Remonumentation projects to Professional Surveyors, and authorized the Remonumentation Grant Administrator to enter into contracts to undertake the Remonumentation process.

SIXTEENTH YEAR OF REMONUMENTATION PROGRAM COMPLETED

As of December 31, 2008, the surveying firms have researched, monumented and approved a total of 1,917 monument locations in Macomb County, established 93 Global Positioning System (GPS) monuments and placed State Plane Coordinate values on 642 Corner monuments.

Clerk's Office

40 N. Main St.
Mount Clemens, MI 48043
586-469-5120
Fax: 586-783-8184

<http://www.macombcountymi.gov/clerksoffice>
clerksoffice@macombcountymi.gov

Register of Deeds

10 N. Main St.
Mount Clemens, MI 48043
586-469-5175
Fax: 586-469-5130

<http://www.macombcountymi.gov/registerdeeds>
registerdeeds@macombcountymi.gov

Fax-on-Demand
Michigan: 1-888-99-CLERK
Out-of-State: 310-575-5035

Commissioner Kathy Vosburg, committee chair
Members of the Administrative Services Committee
April 10, 2009
Page Two

Three Continuous Operating Reference System (CORS) Stations have been installed in Macomb County. The CORS Stations are located in New Haven, Warren and Washington. The GPS monuments and State Plane Coordinate values placed on the Corner monuments and GPS monuments provide reference points for computerized mapping. In addition, the Recovery of 55 Control Stations for the National Geodetic Survey (NGS) Height Modernization Project was completed. All funds provided by the State of Michigan for Remonumentation in Macomb County in 2008 were expended on eligible items as identified in the Remonumentation Plan and Grant Application. The Remonumentation Grant Administrator and the County Representative also completed the required financial reports and submitted the new Grant Application for Grant Year 2009.

2009 REMONUMENTATION WORK PROGRAM

The State of Michigan, Department of Labor & Economic Growth, Office of Land Survey & Remonumentation has formally approved the 2009 Grant for Macomb County, which included the Annual Work Program (see attachment). Funding priorities are established per the requirements of Public Act 345 and were used to establish the Remonumentation priorities for 2009.

Macomb County will receive \$260,661.00 in Remonumentation funds from the State of Michigan in 2009. The grant will be awarded in two increments. The first increment will be 40 percent, or \$104,264.40. A second payment of 60 percent or \$156,396.60 will be based on actual expenditures. The second increment will be paid on approval of documents demonstrating 100 percent completion of the work program.

The Remonumentation work program identifies 62 corners to be researched, verified and/or remonumented in 2009 and 75 corners to have State Plane Coordinate values set. The work program activities for 2009 are consistent with completing the entire Remonumentation Program approved by the Macomb County Board of Commissioners.

RECOMMENDED ACTION

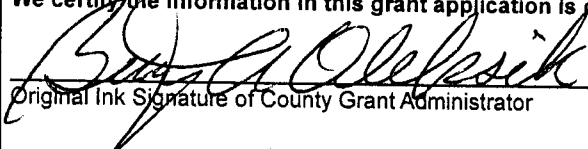
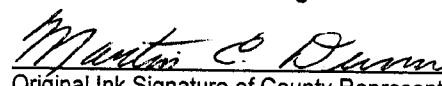
TO ACCEPT \$260,661.00 IN REMONUMENTATION PROGRAM GRANT FUNDS PROVIDED BY THE STATE OF MICHIGAN, OFFICE OF LAND SURVEY AND REMONUMENTATION, AND AUTHORIZE ITS INCLUSION IN THE COUNTY REMONUMENTATION BUDGET AND TO FILE THE WORK COMPLETED STATUS REPORT DETAILING THE 1993-2008 REMONUMENTATION PROGRAM.

MACOMB COUNTY REMONUMENTATION YEARLY STATISTICS

YEAR	LAND CORNERS COMPLETED BASED ON MACOMB COUNTY FINAL GRANT REPORT	STATE PLANE COORDINATES COMPLETED BASED ON STATE INDEX SYSTEM	CORS STATIONS INSTALLED	REMONUMENTATION GRANT AMOUNT RECEIVED FROM STATE	NUMBER OF DOCUMENTS RECORDED IN MACOMB COUNTY	MACOMB COUNTY REGISTER OF DEEDS REMONUMENTATION FEES DEPOSITED TO STATE OF MICHIGAN 70100000-22801	PERCENTAGE OF MONIES RETURNING TO MACOMB COUNTY REMONUMENTATION PROGRAM
2011	0	0	0		0		
2010	0	0	0		0		
2009	0	0	0		0		
2008	88	51	0	\$ 260,661.00	142,554	\$ 471,063.38	41.39%
2007	121	26	0	\$ 324,668.00	171,442	\$ 629,827.85	44.49%
2006	145	33	0	\$ 400,923.00	198,110	\$ 729,677.14	46.05%
2005	171	40	2	\$ 451,162.00	234,997	\$ 870,659.10	44.25%
2004	108	16	1	\$ 558,569.00	273,629	\$ 1,019,634.62	43.19%
2003	75	48	0	\$ 295,357.00	389,631	\$ 1,293,256.30	50.15%
2002	69	44	0	\$ 227,149.00	308,584	\$ 588,891.33	46.37%
2001	119	71	0	\$ 192,368.00	258,107	\$ 489,836.56	48.81%
2000	126	52	0	\$ 206,527.00	210,867	\$ 394,101.53	44.89%
1999	104	74	0	\$ 192,608.00	243,667	\$ 460,024.49	44.62%
1998	93	48	0	\$ 147,404.00	231,673	\$ 431,685.97	46.41%
1997	99	48	0	\$ 143,664.00	174,277	\$ 320,465.32	47.89%
1996	98	22	0	\$ 129,490.00	168,989	\$ 309,567.77	46.83%
1995	116	68	0	\$ 137,581.00	141,735	\$ 270,396.29	43.70%
1994	241	1	0	\$ 151,090.00	155,585	\$ 293,795.65	85.95%
1993	144	0	0	\$ 252,876.00	182,865	\$ 345,729.18	88.06%
1992	0	0	0	\$ 185,499.00	165,563	\$ 294,198.38	0.00%
1991	0	0	0	-	128,893	\$ 210,655.35	0.00%
TOTAL	1917	642	3	\$ 4,257,596.00	3,781,168	\$ 9,423,466.21	45.21%

Note: The Macomb County Remonumentation Program began in 1993.
There are approximately 2,424 corners in Macomb County.

COPY

2009 Grant Application Michigan Department of Labor & Economic Growth Bureau of Construction Codes Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: 517-241-6321 Facsimile: 517-241-6301 Authority: 1990 PA 345					APPLICANT (County): Macomb				
Must be Received by the Office of Land Survey and Remonumentation no later than 12-31-08					Federal I.D. Number: 38-6004868				
					Grant #BCC-09-_____				
					MAIN Mail Code: _____				
					Application Received: _____ Reviewed by Analyst: _____				
A.	County Grant Administrator: Name: Betty A. Oleksik, Chief Deputy Register Address: 10 North Main Street, 2nd Floor City, State, Zip: Mount Clemens, Michigan 48043 Telephone: (586) 469-5163 Fax: (586) 469-5130 E-mail: Betty.Oleksik@macombcountymi.gov				Reviewed by Director of Office of Land Survey and Remonumentation Approved by Director of Office of Land Survey and Remonumentation:				
B.	County Representative/Surveyor: Name: Martin C. Dunn, P.S. Address: 10 North Main Street, 2nd Floor City, State, Zip: Mount Clemens, Michigan 48043 Telephone: (586) 469-7916 Fax: (586) 469-5130 E-mail: Martin.Dunn@macombcountymi.gov				C.	Grantee Address for Payments: Macomb County Treasurer One South Main Street, 2nd Floor Mount Clemens, Michigan 48043			
D.	Capability TO Perform The Work Program Specified (Must Check This Box): <input checked="" type="checkbox"/> We have the capability to perform the work program specified through a licensed professional surveyor on staff and/or through a contract with a licensed professional surveyor to perform the remonumentation survey.								
E.	Financial Summary NOTE: If an Expedited Amount is included, County must have an approved Expedited County Plan.								
1		2		3		4		5	
2009 State Grant		County Cash Contribution		Expedited Amount		Reimbursement For Expedited Expenditures		2009 Total Annual Project Budget (1 + 2 + 3 - 4 = 5)	
\$ 260,661.00		\$ 0.00		\$ 0.00		\$ 0.00		\$ 260,661.00	
F.	We certify the information in this grant application is correct to the best of our knowledge. <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">  Original Ink Signature of County Grant Administrator Date <u>1-30-09</u> </div> <div style="width: 45%;">  Original Ink Signature of County Representative Date <u>JAN. 30, 2009</u> </div> </div>								

**Application for a Survey and Remonumentation Grant
(Grant Year 2009)**

Department of Labor & Economic Growth Bureau of Construction Codes Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: 517-241-6321 Facsimile: 517-241-6301		County: Macomb Grant #BCC-09- _____ MAIN Mail Code: _____	
<p align="center">SUMMARY OF WORK PROGRAM FOR GRANT YEAR 2009 (Specify the individual corner codes proposed for the 2009 work program by Survey Township)</p>			
Item G Corners to Be Researched	SPECIFY THE INDIVIDUAL CORNER CODE(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary) Corners to be researched in each township are listed on the attached township sheet.		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM G ON PAGE 3 \$ 44,604.77	% of Total annual Project Budget Proposed for RESEARCH: 17 %	Total Number of Corners to Be RESEARCHED: 56
Item H Corners to Be Monumented	SPECIFY THE INDIVIDUAL CORNER CODE(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary) Corners to be monumented in each township are listed on the attached township sheet.		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM H ON PAGE 3 \$ 166,694.93	% of Total Annual Project Budget Proposed for MONUMENTATION: 64 %	Total Number of Corners to be MONUMENTED: 62
SUBTOTAL ITEMS G & H (also enter at the bottom of this page) \$ 211,299.70		Percentage of the total Annual Project Budget (Item G + Item H) 81 %	THE TOTAL PERCENTAGE OF ITEM G + ITEM H MUST BE AT LEAST 70% OF THE TOTAL ANNUAL PROJECT BUDGET
ITEM I Points To Have Coordinates Set (x, y, z)	SPECIFY THE INDIVIDUAL POINT(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary) Points to have coordinates set in each township are listed on the attached township sheet.		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM I ON PAGE 3 \$ 49,361.30	Total Number of Points to have COORDINATES SET: 75	
ITEM J Existing Horizontal And Vertical Control Stations To Be Recovered	SPECIFY THE INDIVIDUAL CONTROL STATION(S) BY SURVEY TOWNSHIP(S): (Attach additional pages to the application if necessary) n/a		
	DOLLAR AMOUNT MUST BE THE SAME AS THE TOTAL FOR ITEM J ON PAGE 3 \$ 0.00	Total Number of EXISTING CONTROL STATIONS TO BE RECOVERED: 0	
Total Annual Project Budget (add G + H + I + J)	Subtotal G & H \$ 211,299.70	Subtotal I & J \$ 49,361.30	Total Annual Project Budget \$ 260,661.00
PLUS		EQUALS	

**Application for a Survey and Remonumentation Grant
(Grant Year 2009)**

Department of Labor & Economic Growth Bureau of Construction Codes Office of Land survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: 517-241-6321 Facsimile: 517-241-6301					County: Macomb	
					Grant #BCC-09-_____	
					MAIN Mail Code: _____	
2009 DETAIL BUDGET						
Show expenditures by work program category and line item. The total for Item G, H, I and J at the bottom of this page must be the same as the total for Item G, H, I and J on Page 2 of this application.						
Line Item Expenditures	WORK PROGRAM CATEGORIES					TOTAL (add line items across)
	Item G	Item H	Item I	Item J		
	Research of Corners	Monumentation of Corners	Setting of Coordinates	Recovery of Existing Control Stations		
Peer Group (PG)		7,776.00			7,776.00	
Contractual Survey Services (CSS)	33,800.00	123,942.50	40,875.00	0.00	198,617.50	
Supplies and Materials* (S/M)	556.37	1,669.13	800.00	0.00	3,025.50	
Equipment* (E)	0.00	0.00	0.00	0.00	0.00	
Administration* (A)	10,248.40	33,307.30	7,686.30	0.00	51,242.00	
Total (Adding Down) For Item G, H, I & J on Page 3 Must Be The Same As Total for Item G, H, I & J on Page 2	Item G (Add down)	Item H (Add Down)	Item I (Add Down)	Item J (Add Down)	Total Annual Project Budget	
	\$ 44,604.77	\$ 166,694.93	\$ 49,361.30	\$ 0.00	\$ 260,661.00	
* PROVIDE A DETAILED ITEMIZED LISTING OF THE SPECIFIC ITEMS OF EXPENDITURE AND THE SPECIFIC DOLLAR AMOUNTS FOR EACH ITEM FOR <u>SUPPLIES & MATERIAL</u> , <u>EQUIPMENT</u> AND <u>ADMINISTRATION</u> ON PAGE 4 OF THIS GRANT APPLICATION - "BUDGET ADDENDUM."						
AMOUNT and SOURCE(S) OF REVENUE (Identify the County Cash source):				STATE GRANT: \$ 260,661.00		
Source(s) of Revenue:				Amount of County Cash:		
_____				\$ 0.00		
_____				\$ 0.00		
Total County Cash Contribution:					\$ 0.00	
Expedited Amount:					\$ 0.00	
Less Reimbursement For Past Expedited Expenditures						
2009 Total Annual Project Budget					\$ 0.00	
(State Grant <u>plus</u> County Cash Contribution, if any, <u>plus</u> Expedited Amount, if any, <u>minus</u> Reimbursement for Expedited Expenditures, if any)					\$ 260,661.00	

3/10/09
 M.C.D.
 607016
 [Signature]

**Application for a Survey and Remonumentation Grant
(Grant Year 2009)**

Department of Labor & Economic Growth Bureau of Construction Codes Office of Land survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, MI 48909 Telephone: 517-241-6321 Facsimile: 517-241-6301		County: Macomb Grant #BCC-09- _____ MAIN Mail Code: _____																					
BUDGET ADDENDUM FOR ITEMIZING SUPPLIES AND MATERIALS, EQUIPMENT AND ADMINISTRATION (Attach additional pages to the application if necessary)																							
TOTAL DOLLAR AMOUNTS ON THIS PAGE MUST BE THE SAME AS THE LINE ITEM TOTAL ON PAGE 3																							
Supplies and Materials: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Item</u></th> <th style="text-align: center;"><u>Dollar Amount</u></th> </tr> </thead> <tbody> <tr> <td>Supplies-Office</td> <td style="text-align: right;">\$ 665.50</td> </tr> <tr> <td>Equip. Maint. Agreement (Scanner)</td> <td style="text-align: right;">\$ 1,560.00</td> </tr> <tr> <td>CORS Station Internet Fee</td> <td style="text-align: right;">\$ 800.00</td> </tr> <tr> <td> </td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td> </td> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	<u>Item</u>	<u>Dollar Amount</u>	Supplies-Office	\$ 665.50	Equip. Maint. Agreement (Scanner)	\$ 1,560.00	CORS Station Internet Fee	\$ 800.00		\$ _____		\$ _____	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Dollar Amount</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;">\$ _____</td> </tr> </tbody> </table>	<u>Dollar Amount</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	THIS LINE ITEM TOTAL MUST BE THE SAME AS THE LINE ITEM TOTAL AMOUNT ON PAGE 3 <div style="text-align: right;"> <i>P.A.</i> 3/10/09 <i>M.C.D.</i> 3/10/09 </div> Total Supplies & Materials: \$ 3,025.50			
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Equipment: <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Item</u></th> <th style="text-align: center;"><u>Dollar Amount</u></th> </tr> </thead> <tbody> <tr><td> </td><td style="text-align: right;">\$ _____</td></tr> <tr><td> </td><td style="text-align: right;">\$ _____</td></tr> <tr><td> </td><td style="text-align: right;">\$ _____</td></tr> <tr><td> </td><td style="text-align: right;">\$ _____</td></tr> <tr><td> </td><td style="text-align: right;">\$ _____</td></tr> <tr><td> </td><td style="text-align: right;">\$ _____</td></tr> </tbody> </table>	<u>Item</u>	<u>Dollar Amount</u>		\$ _____		\$ _____		\$ _____		\$ _____		\$ _____		\$ _____	<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"><u>Dollar Amount</u></th> </tr> </thead> <tbody> <tr><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">\$ _____</td></tr> <tr><td style="text-align: right;">\$ _____</td></tr> </tbody> </table>	<u>Dollar Amount</u>	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	THIS LINE ITEM TOTAL MUST BE THE SAME AS THE LINE ITEM TOTAL AMOUNT ON PAGE 3 <div style="text-align: right;"> <i>P.A.</i> 3/10/09 <i>M.C.D.</i> 3/10/09 </div> Total Equipment: \$ 0.00
<u>Item</u>	<u>Dollar Amount</u>																						
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<u>Item</u>	<u>Dollar Amount</u>																						
Surveyor Representative	\$ 29,660.00																						
Remonumentation Assistant	\$ 20,058.00																						
Telephone	\$ 650.00																						
Postage & Delivery	\$ 874.00																						
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DLEG is an equal opportunity employer/program. Auxiliary aids, services and other reasonable accommodations are available upon request to individuals with disabilities.

REQUEST FOR PAYMENT
40% ADVANCE
2009 SURVEY & REMONUMENTATION GRANT

DATE: 1-30-09


TO: Keith E. Lambert, P.S., Director
Office of Land Survey and Remonumentation
6546 Mercantile Way, P.O. Box 30704
Lansing, Michigan 48909

Dear Mr. Lambert:

Pursuant to Section I.C.1 of the 2009 Survey and Remonumentation Grant Agreement, an advance of 40 percent of the State grant amount may be made.

Please consider this letter our "request for payment" and authorize the advance of 40 percent of the 2009 grant to MACOMB County at your earliest convenience.

Sincerely,

 Signature of 2009 County Grant Administrator
MACOMB County Name

**2009 MACOMB COUNTY REMONUMENTATION WORK PROGRAM
ASSIGNED TOWNSHIP CORNERS
RESEARCH & MONUMENTATION**

<u>TOWN & RANGE</u>	<u>NUMBER OF CORNERS</u>
T5N/R14E F02, E02, D07, D08, D09, D10, D11, D12, C08, C09, C10, C11, C12	13
T4N/R12E D02, D04, D06, B02, B04, B06, B08, B10,	08
T3N/R14E & part of T3N/R15E H04, H08, F04, F06, D04, D06, D08, Other Code PCC-029: Intersection of the north-south ¼ line Sec. 20 and the north line of PC 145 Other Code PC-030: NW corner of PC 145 common with the NE corner of PC 144 Other Code PC-031: NE corner of PC 145 Other Code PCC-032: Intersection of the east line of Sec. 20 and the north line of PC 145	11
T3N/R12E A02, A03, A04, A05, A06, A07, A08, A09, A10, B02, B03, B07, B08, B09, C04, C08, D08, D09	18
T1N/R13E Other Code PCC-010: Intersection of the east-west ¼ line Sec. 22 with the westerly line of PC 623 Other Code PCC-011: Intersection of the south line Sec. 22 with the westerly line of PC 623 Other Code PCC-012: Intersection of the east-west ¼ line Sec. 27 with the westerly line of PC 599 Other Code PC-013: NE corner PC 611 also being the NW corner of PC 624	04
T2N/R12E J10, J12 Monument only, research of the below listed corners performed in 2008: L02, L04, L06, L08, L10, L12	02 06

**2009 MACOMB COUNTY REMONUMENTATION WORK PROGRAM
ASSIGNED COORDINATES TO HAVE POINTS SET**

<u>TOWN & RANGE</u>	<u>NUMBER OF COORDINATES</u>
T5N/R13E K02, K03, K04, K05, K06, K07, K08, K09, K10, K11, K12, K13, J11, J12, J13	15
T3N/R14E A03 common with M03 in T3N/R13E A05 common with M05 in T3N/R13E A07 common with M07 in T3N/R13E A09 common with M09 in T3N/R13E A11 common with M11 in T3N/R13E PCC-001: Westerly line of Sec. 18, South of corner A06, North of corner A07	06
T3N/R13E L02, L04, L06, L08, L10, L12, J02, J04, J06, J08, J10, J12, I08, H02, H04, H06, H08, H10, H12, G10, PCC-001: East-West ¼ line as occupied in the East ½ of Sec. 23 PCC-003: East-West ¼ line as occupied in the West ½ of Sec. 23	22
T1N/R12E K02, K03, K04, K05, J02, J03, J04, J05, J06, J07, J08, J09, J10, J11, J12, J13, I02, I03, I04, I05, I06, I07, I08, I09, I10, I11, I12, I13, H10, H11, H12, H13	32



Carmella Sabaugh

Todd Schmitz
Deputy Clerk

Macomb County
Clerk/Register of Deeds

Betty A. Oleksik
Deputy Register of Deeds

2009 Remonumentation Budget-25080401

Key	Description	Budget
57001	State Grant	\$ 260,661.00
TOTAL REVENUE ACCOUNTS		\$ 260,661.00
70200	Sal & Wage-Base Pay	\$ 18,000.00
70207	Sal & Wage-COLA	\$ 260.00
70214	Sal & Wage-Longevity	\$ 360.00
TOTAL SAL/WAGES		\$ 18,620.00
71510	FICA-OASDI	\$ 1,139.00
71515	FICA-Medicare	\$ 257.00
71560	Worker's Comp.	\$ 42.00
TOTAL FRINGE BENEFITS		\$ 1,438.00
72624	Supplies-Office	\$ 665.50
72637	Supplies-Program	\$ -
72901	Postage & Delivery	\$ 874.00
90101	Printing & Reproduction	\$ -
90500	Record Copying	\$ 1,235.00
93101	Equip Maint Agreements	\$ 1,560.00
TOTAL OPERATING EXPENSES		\$ 4,334.50
80142	CS-Professional Services	\$ 40,875.00
80168	CS-Corners High Accuracy Network	\$ 800.00
80169	CS-Corners Research	\$ 33,800.00
80170	CS-Corners Monument	\$ 113,707.50
80171	CS-Coring Paveset	\$ 9,000.00
80198	CS-Peer Review	\$ 7,776.00
80199	CS-Other	\$ 29,660.00
TOTAL CONTRACT SERVICES		\$ 235,618.50
96103	Inter Serv-Telephone	\$ 650.00
TOTAL INTERNAL SERVICE COSTS		\$ 650.00
97702	Capital Exp-Furn & Equip	\$ -
97703	Capital Exp-Computer Equip	\$ -
TOTAL CAPITAL OUTLAY		\$ -
TOTAL EXPENSE ACCOUNTS		\$ 260,661.00

Clerk's Office
40 N. Main St.
Mount Clemens, MI 48043
586-469-5120
Fax: 586-783-8184

<http://www.macombcountymi.gov/clerksoffice>
clerksoffice@macombcountymi.gov

Fax-on-Demand
Michigan: 1-888-99-CLERK
Out-of-State: 310-575-5035

Register of Deeds
10 N. Main St.
Mount Clemens, MI 48043
586-469-5175
Fax: 586-469-5130

<http://www.macombcountymi.gov/registerdeeds>
registerdeeds@macombcountymi.gov

RECYCLABLE PAPER

RESOLUTION NO. _____

FULL BOARD MEETING DATE: _____

AGENDA ITEM: _____

MACOMB COUNTY, MICHIGAN

RESOLUTION TO: concur with the recommendation of the Risk Management & Safety Director to approve the release of the RFP for our Property and Casualty Insurance Agent(s) of Record.

INTRODUCED BY: Commissioner Kathy Vosburg, Chair, Administrative Services Committee

See Attachment

COMMITTEE/MEETING DATE:

Administrative Services

4-22-09



RISK MANAGEMENT & SAFETY

1 S. Main St., 8th Floor
Mount Clemens, Michigan 48043
586-469-6349 Fax 586-469-7902

John P. Anderson, Esq.
Director

MEMORANDUM

TO: Kathy Vosburg, Chair
Administrative Services Committee

FROM: John P. Anderson, Esq.
Director, Risk Management & Safety

DATE: April 7, 2009

SUBJECT: **RFP – Property & Casualty Insurance Agent(s) of Record**

I was given a directive from the Board of Commissioners to draft an RFP related to our Property and Casualty insurance program. I adjusted the language in the RFP to satisfy the Board of Commissioners objectives. One objective was to allow competitive bidding from smaller local firms as well as large agencies. Another objective was to allow for a split of our insurance policies.

By doing this, one broker could have the property, and another could have the casualty. Additionally, George Brumbaugh, Jr. - Corporation Counsel asked if we could get a quote for 1st dollar defense on the casualty side, this is included in the proposal as well.

Our current insurance brokerage arrangement is with Marsh USA Inc. Their contract expires June 30, 2009. This RFP contract would be effective from July 1, 2009 through June 30, 2011. Should you have any questions, feel free to contact me anytime.

JA/ml

MACOMB COUNTY BOARD OF COMMISSIONERS

Andrey Duzyj - District 1
Marvin E. Sauger - District 2
Phillip A. DiMaria - District 3
Toni Mocerì - District 4
Susan L. Doherty - District 5

Sue Rocca - District 7
David Flynn - District 8
Robert Mijac - District 9
Ken Lampar - District 10
Ed Szczepanski - District 11

James L. Carabelli - District 12
Don Brown - District 13
Brian Brdak - District 14
Keith Rengert - District 15
Carey Torrice - District 16

Paul Gielegem
District 19
Chairman

Ed Bruley - District 17
Dana Camphous-Peterson - District 18
Irene M. Kepler - District 21
Frank Accavitti Jr. - District 22

Kathy Tocco
District 20
Vice Chair

Joan Flynn
District 6
Sergeant-At-Arms

William A. Crouchman - District 23
Michael A. Boyle - District 24
Kathy D. Vosburg - District 25
Jeffery S. Sprys - District 26

BID ITEM ##-##

PROPOSAL: PROPERTY & CASUALTY INSURANCE AGENT(S) OF RECORD



OBJECTIVE

The purpose of this Request for Proposal (RFP) is to select a vendor to perform _____ . The goal is to select the most capable vendor offering the most competitive price.

SUBMISSION PROCEDURES

Date Due: **Weekday, Month Date, Year, Time, local time.**

Proposals will be publicly opened and read.

DELIVER DIRECTLY TO THE 13TH FLOOR PURCHASING DEPARTMENT BY DUE DATE & TIME. NO LATE BIDS ACCEPTED

Mail to: Macomb County Purchasing
Polly A. Helzer, Purchasing Manager
10 N. Main Street – 13th Floor
Mt. Clemens, MI 48043

Return: One (1) original and x (x) copies of the proposal.
Clearly mark on the envelope **SEALED BID ITEM ##-## NAME OF BID**
Label all submission envelopes with the company name on the outside.
Complete and return all pages requiring vendor response.

MODIFICATIONS

Macomb County vendors should be registered on the Michigan Inter-governmental Trade Network (MITN) website www.mitn.info. Clarifications, modifications, or amendments may be made to this document at the discretion of the Macomb County Purchasing Department prior to the opening of the solicitations. Should any such changes be made, an addendum will be issued and posted on the MITN website. It is the responsibility of the bidder to check the website for any changes.

QUESTIONS

Due: **Weekday, Month Date, Year, Time a.m./p.m.**

Submit to: Email: donna.sutherland@macombcountymi.gov
Fax: 586-469-6612

Questions regarding bid specifications may be directed in writing only, by email or fax. All questions or clarifications must be directed to the Purchasing Department. Any attempt to contact a County department, other than Purchasing, regarding current bids may be grounds for disqualification as a vendor. Answers will be posted to MITN.

PRE-BID MEETING

Date: **Weekday, Month Date, Year, Time a.m./p.m.**

Location: Name of Department, Address

This is a **Non-mandatory / Mandatory** pre-bid meeting.

The purpose of this meeting is to _____.

Facility related questions will be answered at this meeting.

Other questions related to the bid specifications must be submitted in writing to the Purchasing Department.

ERRORS, OMISSIONS, AND/OR DISCREPANCIES

Bidder shall not be allowed to take advantage of errors, omissions, and/or discrepancies found in these specifications.



TERM OF CONTRACT

The contract will be for a xxx (x) year period to be determined after award of bid.

RENEWAL

The proposed agreement may be renewed for two one-year extensions with a total of three possible years for the bid, provided that by 45 days prior to end of the contract both parties agree to an extension under the same terms and conditions as exist in the current contract.

RIGHT TO REJECT

The County of Macomb reserves the right to reject any or all bids in whole or in part and to waive any informalities therein, or accept any bid it may deem in the best interest of the County.

Note: Past experience and performance may be a factor in making an award.

TERMINATION

The County of Macomb reserves the right to terminate any award to the bidder for cause without any liability, upon 30 days notice from the manager of Purchasing.

OFFER PERIOD

Bids will remain firm for a period of one hundred twenty (120) days after official opening of bids.

SALES AND EXCISE TAXES

The County of Macomb, being a governmental unit, is exempt from sales and federal excise taxes. Our tax I.D. number is 38-6004868. The price is to be net, exclusive of any taxes.

INDEMNIFICATION

Macomb County will not be responsible for injury to contractor's employees, subcontractors, or to third parties caused by the contractor's agents, servants or employees. Therefore, the contractor agrees to incorporate the below hold harmless agreement into the required insurance and to be evidenced by being contained in the certificate of insurance. Further, the below listed indemnification is incorporated and is part of the subject contract.

The contractor agrees to protect, defend, indemnify and hold the County of Macomb and its commissioners, officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees, or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, legal fees, liens, demands, court costs, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this agreement and/or the performance hereof. Without limiting the generality of the foregoing, any and all such claims, etc. relating to personal injury, death, damage to property, defects in materials or workmanship, or any actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.

The contractor further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc. at his sole expense and agrees to bear all other costs and expenses related hereto, even if it (claims, etc.) is groundless, false or fraudulent. In any case in which this indemnification would violate legal prohibition, the foregoing provision concerning indemnification shall not be construed to identify the County for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the County, its commissioners, officers, employees or agents.



LIVING WAGE POLICY

The County shall not enter into any Contract for services with any Contractor who does not demonstrate that it pays its work force a Living Wage. The Contractor shall be required to maintain this rate of pay for the duration of the Contract period.

Living Wage shall mean an hourly wage rate, which on an annual basis (based on forty hours per week, fifty weeks per year) is equivalent to either of the following:

- (a) one hundred and twenty five percent (125%) of the Federal Poverty Level; or
- (b) one hundred percent (100%) of the Federal Poverty Level, if Health Care Benefits are provided to the Employee.

Contractors shall maintain a listing of the name, address, date of hire, occupation, classification, rate of pay and benefits paid for each of their Employees covered by this policy and shall submit a copy of the list to the Auditor by June 30, and December 31 of each year covered by the Contract. Employers shall maintain payroll records for all Employees and shall preserve them for a period of at least four (4) years. Employers shall permit access to job sites and relevant payroll records for authorized County representatives for the purpose of monitoring compliance with this policy, investigating Employee complaints of non-compliance and evaluating the operation and effects of this policy. An Employer who fails to submit documents, declarations or information required to demonstrate compliance with this policy shall be deemed non-compliant or non-responsive and shall have the Contract payments denied or suspended until compliance is demonstrated.



INSURANCE

COMMERCIAL GENERAL LIABILITY INSURANCE

Shall be written on an occurrence basis with limits of Liability of not less than \$1,000,000 (one million dollars) as combined single limit for each occurrence of bodily injury and personal injury with an annual aggregate of not less than \$2,000,000 (two million dollars). The policy shall include;

- a. Contractual Liability
- b. Products and Completed Operations
- c. Independent Contractors Coverage
- d. Broad Form General Liability Extensions or equivalent

WORKERS' COMPENSATION

Workers' Compensation Insurance meeting Michigan statutory requirements. Employer's Liability Insurance with minimum limits of \$500,000 each accident, \$500,000 bodily injury by disease policy limit, \$500,000 bodily injury by disease each employee.

AUTOMOBILE LIABILITY INSURANCE

Motor Vehicle Liability Insurance including Michigan NO-FAULT Coverage for all vehicles, owned and non-owned, leased and hired used in the performance of this contract with limits of \$1,000,000 (one million dollars) as the combined single limit for each occurrence for bodily injury and property damage.

All certificates of insurance and duplicate policies shall contain the following:

PROFESSIONAL LIABILITY/ERRORS & OMISSIONS

Professional Liability Insurance with minimum limits of \$1,000,000 (one million dollars) each occurrence and \$2,000,000 (two million dollars) aggregate.

The County of Macomb shall be named additional insured on all policies (excluding Worker's Compensation) and the underwriters will have no right of recovery or subrogation against the County of Macomb including its agents, employees, elected and appointed officials and agencies. It being the intention of the parties that the insurance policy so effected will protect both parties in primary coverage for any and all losses covered by the subject policy. The insurance carrier(s) must have an A.M. Best rating of no less than an A-, VII.

The insurance company(s) issuing the policy or policies will have no recourse against the County of Macomb for payment of any premiums or for assessments under any form of policy.

The contractor will assume any and all deductibles in the above any and all deductibles in the above-described insurance policies.

The term "INSURED" is used severally, not collectively, but the inclusion in this policy of more than one insured will not operate to increase the limit of the County's liability.

All certificates are to provide (20) days notice of material change or cancellation. Certificates of insurance must be provided no less than (10) working days before commencement of work to the County of Macomb, Administration Building, One South Main Street, Mt. Clemens, Michigan 48043 Attention: Department of Risk Management.

BID ITEM ~~##-##~~

PROPOSAL: PROPERTY & CASUALTY INSURANCE AGENT(S) OF RECORD



NON-COLLUSION AFFIDAVIT

County _____)

_____ being first duly sworn, deposes
and says that he is the

(Individual, Partner, Corporate Officer)

making the foregoing proposals or bids; that such bids are genuine and not collusive or sham; such bidder has not colluded, conspired, connived, or agreed, directly or indirectly, with any bidder or person, to put in sham a bid, or that such other person shall refrain from bidding and has not in any manner, directly with any person, to fix the bid price of afferent or any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the Joint Purchasers or any person or persons proposal are true; and further, that such bidder has not, directly or indirectly submitted this bid, or the contents thereof, or divulged information or data relative thereto any association or to any member or to any member or agent thereof.

Sworn to and subscribed before me this _____ day of _____, 20_____.

Notary Public

My commission expires on _____

BIDDER: THIS AFFIDAVIT MUST BE COMPLETED, SIGNED, NOTARIZED AND INCLUDED IN
YOUR BID SUBMISSION.

BID ITEM ###

PROPOSAL: PROPERTY & CASUALTY INSURANCE AGENT(S) OF RECORD



GENERAL INFORMATION

In further description of this proposal, we desire to submit sheets marked as follows:

Bidding under the name of: _____

Federal Employer Identification Number: _____

which is (check one of the following):

() Corporation, incorporated under the laws of the State of:

() Partnership, consisting of (list partners):

() Assumed Name (Register No.) _____

() Individual

AUTHORIZED SIGNATURE: _____

Printed or typed signature: _____

Title: _____

Address: _____

City, State: _____

Date: _____

Telephone Number: _____

Fax Number: _____

Email: _____

When payment on such order or contract is to be directed to the same company at an address different from above, please list the address to be used below:

BID ITEM ###-##

PROPOSAL: PROPERTY & CASUALTY INSURANCE AGENT(S) OF RECORD



WORK REFERENCES

BIDDER'S COMPANY NAME _____

Please list at least three (3) companies or public agencies for which you have done similar work.

Macomb County reserves the right to reject low bids for poor past performance or inadequate references.

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

BID ITEM ##-##

PROPOSAL: PROPERTY & CASUALTY INSURANCE AGENT(S) OF RECORD



PRICE SHEET

We the undersigned, in response to Bid Item XX-XX, offer and agree to provide _____ to Macomb County as shown below:

<u>QUANTITY</u>	<u>DESCRIPTION</u>	<u>UNIT PRICE</u>	<u>TOTAL PRICE</u>
-----------------	--------------------	-------------------	--------------------

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL

AUTHORIZED SIGNATURE _____

COMPANY NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE NUMBER _____

DATE _____

BID ITEM ##-##

PROPOSAL: PROPERTY & CASUALTY INSURANCE AGENT(S) OF RECORD



CHANGES OR ADDITIONS

Any Vendor proposed deviation from the specifications set forth must be clearly pointed out; otherwise, it will be considered that items offered are in strict compliance with these specifications, and successful bidder will be held responsible therefore. Deviations should be explained in detail.

If needed, any portion of this bid may be deleted, changed or added to at the discretion of the County. If this occurs, all vendors will be provided with an addendum. Addenda issued during bidding period shall be acknowledged as having been received and included in the proposal:

Addendum No. _____, dated _____

Addendum No. _____, dated _____

Addendum No. _____, dated _____

Addendum No. _____, dated _____



INVITATION TO SUBMIT PROPOSALS

Request for Proposal for Property & Casualty Insurance Agent(s) of Record for the County of Macomb Department of Risk Management and Safety, will be accepted by Polly Helzer, Purchasing Manager, Purchasing Department, Macomb County Building, 13th Floor, 10 North Main Street, Mt. Clemens, MI 48043.

The selected agent(s) will be asked to submit proposals for the purpose of being selected Agent(s) of Record for the County's Property & Casualty Insurance services for a two-year period beginning July 1, 2009, through June 30, 2011. Proposals from "pools" and 1st dollar defense options will also be accepted.

The applicant's experience and ability to provide insurance services necessary to the County of Macomb will determine appointments for Agent presentations.

The County reserves the right to reject any or all bids or statements of qualifications in whole or in part and to waive any informality therein, or accept any bid it may deem in the best interest of the County. You are **not** authorized to approach insurance markets on our behalf at this time.

OVERVIEW

Macomb County is located in southeastern Michigan and ranks third in population in the State, with a 2000 census total near 800,000 people representing a 10% population growth over the 1990 census. Several larger communities populate its southern and central regions while smaller rural and agricultural communities occupy its northern region. The county encompasses 482 square miles and is bordered to the east by Lake St. Clair, a large body of water that is part of the area's Great Lakes waterway.

Macomb County has over 2,500 employees, operates a fleet greater than 300 vehicles and manages more than \$260 million in property assets.

The Macomb County Department of Risk Management & Safety prefers to place the County's insurance coverage through one agency and to establish a close working relationship with that agency. However, you may submit proposals for one or both policy brokerage, with separate pricing for the casualty and property. The casualty side will include all the County's insurance needs with the exception of property and boiler/machinery. The County will also entertain proposals from "pools" and 1st dollar defense options. The initial term of this agent agreement will be two (2) years, effective July 1, 2009. This will be subject to the development of a satisfactory and mutually beneficial working relationship between Macomb County and the agent. Our intent is to obtain the most responsible and competent agent(s) to service the account, as well as reasonable premiums with stable and financially sound insurers.

The services required include the marketing and placement of the specified insurance coverages.

- Macomb County Excess General and Public Officials Policy
- Excess Automotive
- Employment Practices Liability
- Law Enforcement

Macomb County currently has a \$20Million Limit & \$500,000 SIR on the above mentioned policy.



- Crime Insurance Policy - \$1,500,000 Limit, \$25,000 Deductible
- Macomb County Building & Contents/Property All Risk – approx. \$260 Million, \$100,000 SIR
- Boiler & Machinery, included in above
- Builder's Risk
- Auto Physical Damage
- Fiduciary & Various Bonding
- Possible Residential Care Facility
- All other insurance policies required by Risk Management & Safety

Our Board recognizes there are a limited number of insurance carriers servicing governmental agencies. Therefore, the County is pursuing an agent(s) that has the creativity, knowledge and resources available to place our coverage under even the most difficult market conditions.

AGENT QUALIFICATION

1. INTRODUCTION

The County of Macomb is selecting a qualified Property & Casualty, Insurance Agency, experienced in the Public Entity insurance markets, to provide proposals on its Property & Casualty Insurance Programs.

It is our intention to broaden our protection and test the competitiveness of our current Agency and Insurance policies. Because of the diversity and size of our risks we are seeking an Agency qualified, not only to market these programs, but also possessing the ability, knowledge and resources required by the types of coverages placed within the present insurance marketplace.

A review panel will make the recommendation of the selected Agent(s) to the County Board of Commissioners.

Responding agents will submit, in sealed envelopes, the original separately packaged, and (6) six additional copies of their proposal to the Purchasing Manager on or before the day of proposal opening, XXX, 2009, at 10:00 a.m.

The Macomb County Board of Commissioners reserves the right to waive any informality in any proposal or to reject any or all bids. The County Board of Commissioners shall make the final bid award in consideration of the best interest of the County of Macomb. This proposal should not be construed as an authorization for Agent of Record or for any Agency or Agent to access the Property, Casualty Markets on behalf of the County of Macomb.

Due care and diligence has been used in the preparation of this Request for Proposal and it is believed to be substantially correct. However, the responsibility for determining the full extent of and verification of all information presented herein, shall rest solely upon the vendor. The County of Macomb, its officials, and the Director of Risk Management & Safety, accepts no responsibility for any errors or omissions in this Request for Proposal.

2. MINIMUM QUALIFICATIONS OF AGENCY

In view of the specialized nature of insurance for a County Government the size of Macomb, the following minimum requested requirements are essential:



- 2.1 The agency shall be licensed to conduct business in the State of Michigan, with offices located in the State of Michigan, experienced in handling Public Entity – “Property & Casualty, Insurance” programs similar to those currently in place with the County of Macomb and the ability to provide a wide range of insurance-related services.
- 2.2 The agency will have been in business for a minimum of (7) seven years.
- 2.3 The agency’s annual premium volume will be over \$2,000,000 in Public Entity – “Property & Casualty,” within Michigan offices, excluding Personal Lines, Life, Health, Sickness and Accident.
- 2.4 Two (2) qualified principals and/or account representatives each with a minimum of five year’s experience in commercial lines and/or CPCU, ARM or other insurance professional designations assigned to this account.
- 2.5 Evidence of agents’ Errors and Omissions Insurance with a minimum limit of \$1,000,000 per occurrence.
- 2.6 Compliance with the requirements of the equal Employment Opportunity Act and other State and Federal Civil Rights Laws when applicable.
- 2.7 At least (6) six years experience with three or more governmental/municipal accounts with Property & Casualty Insurance with annual premiums in excess of \$100,000 for each governmental/municipal account.
- 2.8 Agreement to prepare an Annual Report for the County of Macomb including a complete accounting of commissions earned (direct and contingent) on the account, a cumulative three year premium and loss record and observations on appropriate changes in the insurance market.
- 2.9 Submission of at least (3) three references from current governmental/municipal accounts.
- 2.10 Completion and submission of the qualification questionnaire.
- 2.11 Agreement to supply, consulting, loss control and possible engineering services in relationship to this account.

STATEMENT OF QUALIFICATION CONDITIONS

The following outlines a variety of typical services that are to be performed by the Broker. Responses need not reflect an identical work plan but should identify ways in which the agency usually meets similar needs for their clients.

1. Become familiar with the Macomb County Risk Management & Safety’s insurance program and individual policies through review and loss histories, current and past operating budgets, financial statements, site visits, and other evaluation methods. Develop an understanding of the past, present, and future risk management issues facing the Macomb County Risk Management & Safety and how these affect Macomb County Risk Management & Safety’s insurance buying decisions.



2. Work with assigned carrier(s) to design policies most advantageous to Macomb County's needs in terms of exposure coverage, policy form, exclusions, deductibles or self insured retention, coordination with other policies, overall costs and other important factors.
3. At a minimum, meet with risk management staff on a semi-annual basis to review all policies in force, significant brokerage changes, market conditions and other issues affecting the County's insurance program.
4. Review new exposures at the request of the County and make recommendations as to the types, availability and extent of coverage's that should be considered.
5. Provide consultative services to the County regarding the insurance program including identifying additions or deletions the Agency might recommend to provide the best balance between coverage and cost. Assist County with "Notice to Carrier" claims.
6. Assist Macomb County in developing and implementing loss control and loss prevention strategies for any policies handled by the Agency.

***Please feel free to provide supporting documentation as appropriate.**

3. CONTENT OF PROPOSAL

In the response to this Request for Proposal, agents should include the following:

- 3.1 Response to the enclosed Qualifications Questionnaire.
- 3.2 Résumés and technical experience of key personnel expected to do the work. Identify the proposed account managers.
- 3.3 Copy of current Errors and Omissions Policy declaration page identifying current coverage and limits.
- 3.4 Copy of your Michigan Property and Casualty License.
- 3.5 A statement by the agent that the agent, while administering the insurance services to Macomb County, will comply with all applicable laws.
- 3.6 Supplemental material: Services provided and data not specifically requested for consideration may be included.



5. QUALIFICATION QUESTIONNAIRE

1. Name of Firm, Servicing Address, and Telephone Number

2. Organization Structure (corporation, partnership, etc):

3. How long has your agency been in the insurance business?

4. How long has your agency been operating in the Metro/Detroit Area?

5. Current Annual premium volume in Public Entity – “Property & Casualty ” within your Michigan office(s) (excluding Personal Lines, Life and Accident & Sickness) Provide list of current Public Entity Accounts.

6. Identify the following markets that you are currently directly contracted with for the following lines. Include 2009 A.M. Best Rating for each carrier:

Commercial General Liability
Public Officials Liability
Automobile Liability/Physical Damage
Law Enforcement Liability
Residential Care Facility
Medical Malpractice Liability
Employment Practices Liability
EDP
Umbrella Liability
Property Insurance
Boiler & Machinery
Builders Risk
Crime
Fiduciary Liability
Surety Bonds



7. Provide name, experience and professional qualifications of those, which will be working on Macomb County Risk Management & Safety's account. Include the account executive primarily responsible, his/her assistant who will have daily contact with Macomb County's Risk Management & Safety Director, and the person who will manage any marketing activities (if different from above). Indicate professional designations including CPCU, ARM, LIC, etc. Résumés would be appreciated.

Account Executive:

____ Years of experience: May we contact this individual? Yes ☐ No ☐

Technical Assistant:

____ Years of experience: May we contact this individual? Yes ☐ No ☐

Marketing/Risk Placement:

____ Years of experience: May we contact this individual? Yes ☐ No ☐

8. Number of Licensed Agents within local office:

Number of Licensed Insurance Counselors:



9. Do you have insurance agents/brokers errors and omissions insurance with a minimum limit to \$1,000,000 per occurrence? If you are selected to provide quotation you must provide evidence of this coverage.

10. List (3) major Public Entity accounts with Property & Casualty, Insurance programs with annual premiums of \$100,000 or more. May Macomb County Risk Management contact these accounts? If so, please list the contact person and their telephone number, and years experience with each.

Name:

Contact Person:

Telephone Number:

Name:

Contact Person:

Telephone Number:

Name:

Contact Person:

Telephone Number:

11. Describe the marketing approach your agency would employ if selected to provide quotation on Macomb County's account?

12. Please describe your standard compensation arrangements and proposed compensation options including proposed annual costs to the County. Should your firm be willing to handle our entire insurance program on a fee rather than commission basis, include the basis of a fee for service arrangement, i.e. cost of various services.



13. List and describe additional services available, such as actuarial, loss control, program design, counseling, property valuations, claims management, risk management audits, etc. List the extra cost, if any, for these services.

14. Do you have employees in your office capable of rating Commercial Fire, General Liability, Vehicle Liability and Physical Damage and other ISO rated insurance coverage?

15. Would your firm be willing to submit bids if it is restricted to two or three pre-selected and assigned markets per coverage?

16. Of the Property & Casualty markets that you are currently directly contracted with, identify those that currently write governmental/municipal risks.

17. Will any of your markets guarantee a three (3) year rate program?

19. Provide your philosophy on risk management.

BID ITEM ##-##

PROPOSAL: PROPERTY & CASUALTY INSURANCE AGENT(S) OF RECORD



20. What services will be provided for the placement and review of the Property & Casualty, Loss Control and Environmental exposures? Please indicate whether these services will be provided within your firm, the insurance company or others.

21. Describe the assistance your firm can provide the County in estimating values of Real and Personal Property.

22. Would your firm explore markets and obtain premium or net rate quotations for coverage as requested? (This could entail rates for varying deductibles, etc.)

23. Is your firm an Equal Opportunity Employer? _____

24. Does your firm have an established confidentiality policy? Provide a copy.

25. What services do you believe should be performed by an agent for an account like the County of Macomb? Provide your recommended Service Plan.

26. If applicable, please describe your "pool" and or 1st dollar defense proposals in detail, with pricing.

BID ITEM ~~##~~ ~~##~~

PROPOSAL: PROPERTY & CASUALTY INSURANCE AGENT(S) OF RECORD



Name / Title of individual completing this
Questionnaire

Signature

Date Signed